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## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER: 09/657986

### Total Fee Calculation

Fee Code	Total # Claims	Number Extra	X	Fee	Fee	Total
				Sm. Entit.	Lg. Entit.	
Basic Filing Fee	<u>203101</u>			<u>345</u>	<u>690</u>	<u>690</u>
Total Claims >20	<u>203103</u>	<u>15</u>	<u>-20</u>	<u>0</u>	<u>9</u>	<u>18</u>
Independent Claims >3	<u>202102</u>	<u>10</u>	<u>-3</u>	<u>7</u>	<u>39</u>	<u>18</u>
Mult. Dep. Claim Present	<u>204104</u>				<u>130</u>	<u>360</u>
Surcharge	<u>205105</u>				<u>65</u>	<u>130</u>
English Translation	<u>139</u>					<u>—</u>
<u>TOTAL FEE CALCULATION</u>						<u>1366</u>

Fees due upon filing the application

Total Filing Fees Due = \$ 1366

Less Filing Fees Submitted \$ —

BALANCE DUE = \$ 1366

Hillman  
Office of Initial Patent Examination

**BEST AVAILABLE COPY**

**PATENT APPLICATION FEE DETERMINATION RECORD**  
Effective December 29, 1999

Application or Docket Number

*09/651986*

**CLAIMS AS FILED - PART I**

(Column 1) (Column 2)

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE		
TOTAL CLAIMS	15 minus 20=	* 0
INDEPENDENT CLAIMS	10 minus 3=	* 7
MULTIPLE DEPENDENT CLAIM PRESENT		N

\* If the difference in column 1 is less than zero, enter "0" in column 2

**CLAIMS AS AMENDED - PART II**

(Column 1) (Column 2) (Column 3)

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

SMALL ENTITY  
TYPE

OR

RATE	Fee
	345.00
X\$ 9=	
	OR
X39=	
	OR
+130=	
	OR
TOTAL	

OTHER THAN  
SMALL ENTITY

RATE	Fee
	690.00
X\$18=	—
X78=	546
+260=	—
	OR
TOTAL	1236

SMALL ENTITY

OR

RATE	ADDI- TIONAL FEE
X\$ 9=	
	OR
X39=	
	OR
+130=	
	OR
TOTAL ADDIT. FEE	

OTHER THAN  
SMALL ENTITY

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
	OR
TOTAL ADDIT. FEE	

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total	*	Minus	**
Independent	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM				

RATE	ADDI- TIONAL FEE
X\$ 9=	
	OR
X39=	
	OR
+130=	
	OR
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
	OR
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$ 9=	
	OR
X39=	
	OR
+130=	
	OR
TOTAL ADDIT. FEE	

RATE	ADDI- TIONAL FEE
X\$18=	
X78=	
+260=	
	OR
TOTAL ADDIT. FEE	

\* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."

\*\*\*If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.